



Last Updated: 03/09/2022

Update to the Physician Provider Manual

The purpose of this memorandum is to notify you of changes to Chapter IV, V, and Appendix D as well as the inclusion of a new Appendix (Appendix F -- Primary Care Assoc. Clinics) of your Physician Manual. The attached table shows the changes to the Provider Manual. Please download the new pages to insert into your Provider Manual and retain the attached table.

The amendments to Chapter IV (Covered Services) include: (i) information on services covered under the Family Planning Waiver, as well as billing procedures; (ii) information on physician assistants; (iii) updated information on hospital inpatient pre-authorization; (iv) information on telemedicine services; (v) an update on pap smear section; (vi) updates on billing procedures for newborn screening test kits; (vii) an update on HMO copayments, and (viii) an update on the appeal process.

The amendments to Chapter V (Billing Instructions) include: (i) an update on other insurance guidelines; (ii) an update on automated crossover claims processing; (iii) a new section on non-emergency, outpatient MRI, CAT and PET scans prior authorization process; (iv) information on the negative balance process; (v) information on telemedicine billing, and (vi) instructions on family planning waiver billing.

The Amendments to Appendix D (Procedure Codes Requiring Pre-Authorization by DMAS Medical Support) include guidelines regarding prior authorization under DMAS' new prior authorization contractor, KePRO.

The new Appendix F combines previously available information regarding Federally Qualified Health Clinics (FQHCs), and includes a description of the available primary care association clinics. These changes were effective June 5, 2006. Please review this information carefully.



MEDICAID MEMO

KePRO IS THE NEW DMAS CONTRACTOR

KePRO is an innovative healthcare management solution company that conducts prior authorization (PA) for Medicaid, Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus clients in the fee-for-service programs. While KePRO is now DMAS' PA agent, DMAS will process any appeals and pended cases that were submitted to DMAS on or before May 21, 2006.

CHANGES IN SERVICES LIMITS AND PA CRITERIA REGARDING BEHAVIORAL HEALTH

As noted in previous communications, DMAS increased the services limits for outpatient psychiatric services from five visits to 26 visits in the first treatment year, as of May 22, 2006. After the initial 26 visits, preauthorization is required. Final determinations are made using InterQual Behavioral Health Criteria with supplemental questions, as determined by regulations where InterQual does not specifically meet DMAS' Outpatient Psychiatric Service criteria. Training is being provided by KePRO regarding their PA process. Please plan on attending one of the trainings identified in upcoming Medicaid Memoranda.

KePRO's hours of operation are from 8:00 a.m. to 7:00 p.m., Monday through Friday, EST (except on some state holidays). The information you are required to submit for the PA is identified in the *Psychiatric Services Manual* and the *Mental Health Clinic Manual*. Attached to this memorandum is the Outpatient Prior Authorization Request form used to identify critical information to process the request for service.

KePRO CONTACT INFORMATION

KePRO accepts requests for PA via iExchange (direct data entry through the web), fax, mail, or phone. The preferred method for requesting PA for Outpatient Psychiatric Services is through iExchange.

To submit requests via iExchange, log on to [DMAS.KePRO.org](https://dmas.virginia.gov) and register for a provider web account. You must have a provider web account before submitting information through iExchange. To register for a web account, you must know your Medicaid provider number and tax identification number.

To submit requests via phone, fax, or mail you may submit your requests to:

KePRO



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 497-1333

Fax: 1-877-OKBYFAX (1-877-652-9329)

2810 N. Parham Road, Suite 305

Richmond, VA 23294

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.



COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.